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PTO/SB/21 (08-00)

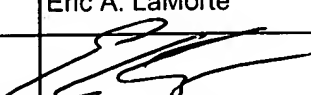
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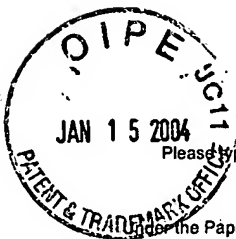
 TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/086,253
	Filing Date	03/01/2002
	First Named Inventor	Rincavage
	Group Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks Second change of attorney for this application		RECEIVED JAN 20 2004 Technology Center 2600

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Firm or Individual name	LaMorte & Associates
Signature	
Date	

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PTO/SB/82 (10-00)

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Application Number	10/086,253
Filing Date	03/01/2002
First Named Inventor	Rincavage
Group Art Unit	
Examiner Name	
Attorney Docket Number	

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<input type="checkbox"/> Firm or Individual Name	LaMorte & Associates P.C.				
Address	P.O. BOX 434				
Address					
City	YARDLEY				
Country	US	State	PA	ZIP	19067
Telephone	215 321-6772	Fax	215 321-4595		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name Cynthia E. Rincavage

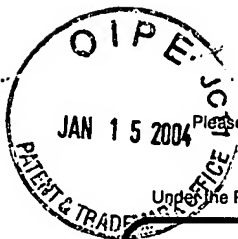
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Application Number	10/086,253
Filing Date	03/01/2002
First Named Inventor	Rincavage
Group Art Unit	
Examiner Name	
Attorney Docket Number	

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City	YARDLEY				
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Telephone	215 321-6772	Fax	215 321-4595		

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Barbara A. Rincavage
Signature	
Date	Dec. 12, 2003

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